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CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:

Date: May 10, 2005

Name: John G. Rauch

Signature:

BRINKS  
HOFFER  
GILSON  
& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Wai Kai Wong

Appln. No.: 10/088,757

Filed: August 9, 2002

For: WEARABLE BAND WITH MOTION  
DETECTION AND FLASHING LIGHTS (as  
amended)

Examiner: D. Previl

Art Unit: 2636

Attorney Docket No: 9046/44

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

☒ Power of Attorney and Correspondence Address Indication

☒ Return Receipt Postcard

Fee calculation:

☐ No additional fee is required.

☐ Small Entity.

☐ An extension fee in an amount of \$\_\_\_\_\_ for a \_\_\_\_\_-month extension of time under 37 C.F.R. § 1.136(a).

☐ A petition or processing fee in an amount of \$\_\_\_\_\_ under 37 C.F.R. § 1.17(\_\_\_\_\_).

☐ An additional filing fee has been calculated as shown below:

					Small Entity			Not a Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus		0	x \$25=			x \$50=	0
Indep.		Minus		0	x \$100=			x \$200=	0
First Presentation of Multiple Dep. Claim					+\$180=			+\$360=	0
					Total	\$		Total	\$0

Fee payment:

☐ A check in the amount of \$\_\_\_\_\_ is enclosed.

☐ Please charge Deposit Account No. 23-1925 in the amount of \$\_\_\_\_\_. A copy of this Transmittal is enclosed for this purpose.

☐ Payment by credit card in the amount of \$\_\_\_\_\_ (Form PTO-2038 is attached).

☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

5/10/2005  
Date

John G. Rauch (Reg. No. 37,218)



**POWER OF ATTORNEY  
AND CORRESPONDENCE ADDRESS INDICATION**

As a below named inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled:

**WEARABLE BAND WITH MOTION DETECTION AND FLASHING LIGHTS**

the specification of which (check one)

☐ is attached hereto, OR

☒ was filed on August 9, 2002 as United States Application Application No. 10/088,757  
and was amended on \_\_\_\_\_ (if applicable),

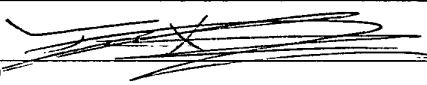
I HEREBY APPOINT the Practitioners associated with the following Customer Number as my attorneys, with full power of substitution and revocation, to prosecute this application and any continuations, divisions, reissues, and reexaminations thereof, to receive the patent(s), to transact all business in the United States Patent and Trademark Office connected therewith, and to act on my behalf before the competent International Authorities in connection with any and all international applications filed by me.

**Customer No. 00757 - Brinks Hofer Gilson Lione**

PLEASE RECOGNIZE or change the correspondence address for this application to the address associated with the above-mentioned Customer Number.

PLEASE DIRECT all telephonic and facsimile communications to:

John G. Rauch  
Tel: (312) 321-4200; Fax: (312) 321-4299

Full name of sole or first inventor <b>Wai Kai Wong</b>	
Sole or first inventor's signature 	Date <b>28/2/05</b>
Residence (City, State/Foreign Country) <b>Kowloon, Hong Kong</b>	
Citizenship <b>China</b>	
Mailing Address <b>Room 1217, North Tower, Concordia Plaza, Tsim Sha Tsui East, Kowloon, Hong Kong</b>	

Full name of second inventor, if any	
Second inventor's signature	Date
Residence (City, State/Foreign Country)	
Citizenship	
Mailing Address	

Full name of third inventor, if any	
Third inventor's signature	Date
Residence (City, State/Foreign Country)	
Citizenship	
Mailing Address	

Full name of fourth inventor, if any	
Fourth inventor's signature	Date
Residence (City, State/Foreign Country)	
Citizenship	
Mailing Address	

Full name of fifth inventor, if any	
Fifth inventor's signature	Date
Residence (City, State/Foreign Country)	
Citizenship	
Mailing Address	